

FILED MAR 30 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11231

BIRTH NO. _____ REG. DIST. NO. 326 PRIMARY REG. DIST. NO. 402 Registrar's No. 16

1. PLACE OF DEATH a. COUNTY SCOTLAND		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE Mo b. COUNTY KNOX	
b. CITY OR TOWN RURAL Callersburg Mo		c. CITY OR TOWN EDINA 0520	
c. LENGTH OF STAY (in this place) 5M		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) GEORGE b. (Middle) WILLIAM c. (Last) THARP			4. DATE OF DEATH (Month) (Day) (Year) MCH 19, 1951			
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH 6-13-1881	9. AGE (in years last birthday) 67	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) MERCHANT		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) LABELLE Mo	12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME OSCAR THARP		13b. MOTHER'S MAIDEN NAME MARYANN SPIDLE		14. NAME OF HUSBAND OR WIFE WILMA E. THARP	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS WILMA E. THARP MEMPHIS	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer condition		DUE TO (b) no doctor attendance			1998
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 1:30A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) O.A. Baker md		23b. ADDRESS NO 2110 S. Main St. Memphis Mo		23c. DATE SIGNED 3/21/51	
------------------------------------------------	--	---------------------------------------------	--	--------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 3-21-1951		24c. NAME OF CEMETERY OR CREMATORY LA BELLE		24d. LOCATION (City, town, or county) (State) LABELLE Mo	
--------------------------------------------------	--	---------------------	--	---------------------------------------------	--	----------------------------------------------------------	--

DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE 407		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS H. W. Reynolds Memphis Mo	
--------------------------	--	---------------------------	--	--------------------------------------------------------------------	--

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0990

01

MS APR 3 1959

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Neal Payne

Licensed Embalmer No. 2550

P. O. Address Memphis TN

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.